

SENATE BILL 3198

By Black

AN ACT to amend Tennessee Code Annotated, Title 68,
relative to evidence-based criteria for funding
certain programs in the department of health.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 1, Part 1, is amended by
inserting the following as a new, appropriately designated section thereto:

68-1-124.

(a) As used in this section, unless the context otherwise requires:

(1) "Evidence-based" means a program or practice that meets the
following requirements:

(A) The program or practice is governed by a program manual or
protocol that specifies the nature, quality, and amount of service that
constitutes the program; and

(B) Scientific research using methods that meet high scientific
standards for evaluating the effects of such programs must have
demonstrated with two (2) or more separate client samples that the
program improves client outcomes central to the purpose of the program;

(2) "Pilot program" means a temporary research-based or theory-based
program or project that is eligible for funding from any source to determine
whether or not evidence supports its continuation beyond the fixed evaluation
period. A pilot program must provide for and include:

(A) Development of a program manual or protocol that specifies
the nature, quality, and amount of service that constitutes the program;
and

(B) Scientific research using methods that meet high scientific standards for evaluating the effects of such programs must demonstrate on at least an annual basis whether or not the program improves client outcomes central to the purpose of the program;

(3) "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based; and

(4) "Theory-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, may have anecdotal or case-study support, and has potential for becoming a research-based program or practice.

(b)

(1) Except as provided in subdivision (b)(2), the department of health, and any other state agency that administers funds related to in-home visitation programs involving the services of nurses and other professional which are intended to improve the birth outcomes, health, and development of children from conception through age two (2) to low-income mothers shall not expend state funds on any such program or program related to in-home visiting nurse services to low-income mothers, including any service model or delivery system in any form or by any name, unless the program is evidence-based.

(2) The department shall continue the ongoing research and evaluation of sound, theory-based and research-based programs with the goal of identifying and expanding the number and type of available evidence-based programs, and to that end the department may engage in and fund pilot programs as defined in this section.

(c) Implementation of programs will be accompanied by monitoring and quality control procedures designed to ensure that they are delivered as prescribed in the applicable program manual or protocol and that corrective action will be taken when those standards are not met.

(d) The department shall include in any contract with a provider of services related to in-home visitation programs involving the services of nurses and other professional which are intended to improve the birth outcomes, health, and development of children from conception through age two (2) to low-income mothers a provision affirming that the provider shall provide only evidence-based services, except for services that are being provided pursuant to a pilot program as defined in this section, and that such services will be accompanied by monitoring and quality control procedures that ensure that they are delivered according to the applicable standards. The department may use performance requirements or incentives in determining the amounts payable in contracts or grants.

(e) In order to prevent undue disturbance to existing department programs, the department shall ensure that twenty-five percent (25%) of the funds expended for in-home visiting nurse services to low-income mothers meet the requirements of this section during fiscal year 2010-2011, that fifty percent (50%) of such funds meet the requirements of this section during fiscal year 2011-2012, that seventy-five percent (75%) of such funds meet the requirements of this section during fiscal year 2012-2013, and that one hundred percent (100%) of such funds meet the requirements of this section during fiscal year 2013-2014 and each fiscal year thereafter.

SECTION 2. The department of health, in conjunction with a representative of the Tennessee commission on children and youth, and with on-going consultation of appropriate research experts and representatives of relevant providers who are appointed by the

commissioner of health to provide such consultation, shall determine which of its current programs are evidence-based, research-based and theory-based programs, and shall provide a report of those findings, including an explanation of the support of those findings, to the governor, the senate general welfare, health and human resources committee, the children and family affairs committee of the house of representatives, and the select committee on children and youth of the general assembly by no later than January 1, 2009.

SECTION 3. The commissioner of health is authorized to promulgate rules and regulations to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with the provisions of Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.